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ABSTRACT

Recognizing the fact that today's students leave school each day and go home to minimal adult supervision and lack a consistently available resource to help with homework assignments, this paper discusses how to organize well-planned homework clinics for these students. The paper first advances several reasons why such clinics are important, and then presents a brief description of the homework clinic. The paper then focuses on and discusses the key elements that make effective homework clinics, i.e.: create homework assignments that are interesting and challenging; provide a read-aloud experience during every clinic session; run alongside struggling learners; supply the homework clinic with a wide variety of resources; enhance clinic activities through effective staff development; evaluate students' progress and the effectiveness of homework assignments; and secure funding for the clinic. In its conclusion, the paper reiterates that today's demographic trends have caused disruptions in children's lives and advocates the homework clinic as one positive response to this problem. Contains 23 endnotes. (NKA)

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ED 428 325

Needed: Homework Clinics for Struggling Learners

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J. Sanacore

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

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As we enter the new millennium, many of our students are demonstrating a greater need for support from the village. These students leave school each afternoon and enter homes with minimal adult supervision. Demographic trends—e.g., a rise in homes with two working parents and an increase in single parents who must work—have resulted in a home situation in which these children do not have a consistently available adult they can talk to about their daily stresses. As important, they do not have a consistently available resource to help them with homework assignments, or at least to structure their homework environment. A small, but important, part of responding to this problem is to organize well-planned homework clinics.

Homework Clinics Are Important

The expression "children home alone" conjures up an image of young people being at the mercy of any unscrupulous person who wants to harm them. Certainly, unprotected children are increasingly at risk of being sexually abused, harassed, bullied, or otherwise mistreated. From an academic perspective, however, being home alone suggests that children are not involved in thoughtful activities because they are watching too much television and probably questionable programs. They also are playing video games, socializing on the telephone, and engaging in other activities that do not extend or complement school-related goals. Since the quality and quantity of learning in school usually need reinforcement at home, a local homework clinic can provide the type of environment that supports the school's instructional priorities. A positive side effect is that learning is taking place in a safe environment.

Homework clinics are also important because they foster individualization of instruction. The class size in some schools can range from 25 to 40 students, and these

learning communities receive no additional support from paraprofessionals, volunteers, or class mothers/fathers. Obviously, this teacher-student ratio can diminish opportunities for responding to children as individuals. While attending a homework clinic, however, children can work with a caring adult who highlights their strengths and needs.

To illustrate, a struggling reader may be expected to read a section of Avi's *The Fighting Ground*[1] and to discuss it in class the following day. Since this student is an American Revolution buff, the clinic teacher capitalizes on this strength by connecting the student's prior knowledge to the book's content. Then, they both engage in a variation of paired reading as they complete the assigned section of *The Fighting Ground.*

Related to individualization of instruction is the need to help students respond personally to assignments. When learners are permitted to personalize homework activities, they are more likely to become intensely emotional and empathetic as they develop relationships with story characters. For example, historical fiction writer James Lincoln Collier recently talked with sixth graders at a Long Island school district. Responding to a student's question, "What motivates you to write?" Collier said that he "loves to personalize history by performing an act of imagination, jumping out of this world and into the world of my characters. In a sense, I become the characters who lived during the period of time. I feel as they feel. I hear what they hear. I think as they think. I am there!" [2] These thoughts of a writer could easily become the reflections of a reader, especially if the reader is supported by the clinic teacher. Not surprisingly, when students respond personally to homework assignments, their interest and engagement increase.

Another important aspect of homework clinics is their sensitive response to the unique personalities of learners. A shy student who is unwilling to become involved in class discussion, role playing, Readers' Theater, or similar activities may be more willing to participate in these activities in a clinic setting. When such participation does occur, the child develops self-confidence and competence, which he or she will probably bring back to the classroom. Similarly, individuals who are reluctant to share their literature response journals with the classroom community may feel more comfortable sharing their journals with a clinic teacher or with a smaller number of children attending the clinic. These and other personality characteristics are more easily accommodated in homework clinics than in larger classroom environments.

The Homework Clinic: A Brief Description

Since homework clinics are designed for struggling learners, they can support the school's efforts to help these learners achieve success. Struggling students are usually referred to the clinic by the classroom teacher; however, special educators, guidance counselors, administrators, and parents may also refer these individuals to the clinic because they are failing, are reading and writing below their potential, or are lacking a structured homework environment at home. The importance of providing these individuals with a warm, but structured, climate cannot be underscored enough.

When a student arrives at the clinic, he or she has a snack while the instructor reviews the homework assignment from school. After rapport has been developed, both

student and clinic teacher work cooperatively to complete the assignment. Typically, learners attend the clinic on weekday afternoons for 75- to 90-minute sessions. Based on need, students should have options to rotate in and out of the program or to remain for the entire school year.

Key Elements of Effective Homework Clinics

Homework clinics certainly have a constructive purpose, and they are more apt to fulfill their destiny of supporting struggling learners when key elements are working in concert. These elements include, but are not limited to, the following:

- **Create homework assignments that are interesting and challenging.** An important responsibility of classroom teachers is to give homework that extends students' thinking and simultaneously challenges them to enjoy related problem-solving. Recently, a special "Fresh Voices" report appeared in *PARADE* magazine, and it addressed the topic How We Can Make Our Schools Better. A sampling of students throughout the United States focused on "What I would change about my school." Interestingly, a 14-year old boy provided insights about homework:

  > In most of my classes, homework is like, "Read the chapter and answer the questions at the end." *Boring.* I'd like to use my mind a little more. Like in history in seventh grade, we were studying caravans, and the teacher had us write a journal as if we were in a trading caravan in ancient times, traveling from city to city. A lot more interesting and challenging.[3]

  This student's personal response echoes other students' feelings about homework,

and collectively, they suggest that stimulating assignments are more beneficial for learning than are boring, reductionistic activities that cause apathy toward learning.

- **Provide a read-aloud experience during every clinic session.** One of the most powerful ways of influencing children's understanding of text is to read to them each day. When we read aloud a book that we love and that we believe students will love, we provide a demonstration of reading fluency and enjoyment that they can observe and emulate. Kathy Short, Jerome Harste, and Carolyn Burke[4] believe that both younger and older children benefit from read-alouds, which give exposure to book language, story patterns, and varied literature. This exposure nurtures children's interest in reading and expands their choices of books to read.

An experienced clinic teacher is well aware of the positive impact that read-alouds can have on all students, but especially struggling learners who benefit immensely from this literacy event. Read-alouds serve as scaffolds for these needy children, who are unable to complete their homework assignments independently or do not have access to resources in their homes. Whether read-alouds are incorporated into reading assignments or used during free time after homework is completed, these important literacy events increase the chances that struggling learners will benefit in both short-term and long-term ways.

Not surprisingly, reading aloud can be a successful or a disastrous activity. Clinic teachers should therefore be thoroughly prepared so that the listeners' emotions are peaked and their energy is focused on meaning. Specifically, teachers should "savor the words, using their voice to orally interpret the story."[5] Supporting this

direction is the effective use of suprasegmentals, such as pitch, stress, and juncture; these intonational patterns challenge listeners to understand and appreciate the structure and content of the read-aloud. Atwell[6] also recommends matching the mood of the text by using nonverbal behavior (e.g., frowning, smiling, and showing surprise or anger) and by changing the volume of her voice. In addition, she pauses before and after segments of the text, providing listeners with opportunities for reflection.

While these approaches support students' efforts to make sense of connected text, learners also need opportunities to make predictions, confirm or disconfirm their predictions, and make new predictions. This process is vital for all children's growth and development with reading because it encourages them to be interactive thinkers. Regrettably, children who attend the homework clinic probably experience difficulty understanding what they read because they expect meaning to be embedded in text. This passive approach to reading suggests that these children do not perceive themselves as active participants in the process of constructing meaning.

Thus, when listening to or reading a storybook, they probably will demonstrate limited awareness of story grammar, which typically highlights the main *character* and a *problem* he or she encounters, the character's attempts to solve the problem by developing a *goal* and becoming involved in related *events*, the *obstacles* that inevitably occur, and the story's *resolutions* or *outcomes*. Lacking full awareness of story grammar prevents children from grasping the story's *moral* or *theme*. When listening to or reading informational resources, at-risk learners experience a different

organizational pattern, which usually involves an introduction, subheadings, charts, graphs, maps, a summary, and discussion questions. Both the structure and the content of these materials can cause blocks to comprehension, especially for individuals who respond passively to literacy learning. Clearly, children who attend the homework clinic need opportunities to respond interactively during read-alouds. By sharing interesting books and simultaneously encouraging related predictions, the clinic teacher is continuously reminding the children that their thinking is a major part of constructing meaning.

Recently, I observed a clinic teacher sharing William Steig's *Sylvester and the Magic Pebble*[7] with three third grade children. Previously, the classroom teacher engaged the children in a discussion about magic, conducted several related booktalks, and then asked the children to (1) select a book about magic from the classroom library and begin to read it during DEAR time (Drop Everything and Read), (2) complete reading the book at home, and (3) write in their response journals how they felt about the main character's use of magic and what they would have changed if they were the main character. When three of the children arrived at the homework clinic, they brought their homework assignment and copies of *Sylvester and the Magic Pebble*. Immediately, the clinic teacher gave the children a snack and guided them in an exciting discussion of magic as it relates to Steig's winner of the Caldecott Medal. While showing them a bright red pebble, he said, "Imagine that this is a magic pebble, and that it can make wishes come true! What would you wish for?" One child wished for a pet, and another wished that his parents were not divorced. This active

discussion continued as the children openly shared what was in their hearts. The third child provided the concluding comment by humorously saying, "My mother said 'Be careful what you wish for.'"

The clinic teacher then introduced *Sylvester and the Magic Pebble* by telling this small group of literacy learners, "We're going to share this beautiful story about a young character who finds a magic pebble that can make wishes come true. Let's find out what he wishes for and then what happens to him and his family." Afterward, the teacher read the story aloud as the children followed along with their copies. During the read-aloud, the teacher effectively used intonation and nonverbal behavior to reflect the story's changing moods. He demonstrated a frightened response when Sylvester saw a mean, hungry lion; a sad response when Sylvester's parents realized their son was missing; and a warm, ecstatic response when Sylvester and his parents were reunited. The teacher also interjected prediction questions related to these and other story events and illustrations, and he encouraged the children to make their own predictions. When the read-aloud was completed, the teacher asked the children to retell the story, to discuss their predictions, and to infer the story's moral or theme.

These activities benefited the struggling learners, who demonstrated interactive thinking before, during, and after the read-aloud. The teacher increased participation among all the children by providing sufficient "wait-time" between questions and responses and by involving all three literacy learners rather than relying only on one assertive discussant. This blending of strategies prevented passivity because the children's emotional and cognitive energy was focused on making sense of *Sylvester*

and the Magic Pebble. The children also developed confidence in realizing that their opinions are valued and that they play a major part in understanding and appreciating literature.

The students were now prepared to complete the next phase of their homework assignment. As they wrote in their response journals, they revealed how they felt about Sylvester's use of magic and what they would have changed if they were Sylvester. Rather than panic and wish themselves into a stone as Sylvester did, these individuals responded in such different ways as wishing to become an elephant and scare the lion away, wishing to be Peter Pan and fly above the lion, and wishing to be home safely with parents. Before, during, and after this writing activity, the clinic teacher supported the children's unique insights by helping them brainstorm, draft, revise, and edit their journal entries. Afterward, the children enjoyed sharing their responses and receiving constructive feedback from peers and from the teacher. One child suggested that they write a script for Readers' Theater concerning the different ways that Sylvester could have handled his problem. The clinic teacher suggested that the children discuss this idea with their classroom teacher and that the next clinic session might be used for writing and practicing a script for Readers' Theater. The teacher also gave specific praise to all three authors.

- **Run alongside struggling learners.** Similar to the intent of interactive read-alouds are conferences in which teachers read and write along with children. Drawing on Tharp and Gallimore's[8] analogy of running alongside a child who is learning how to ride a bicycle, Bomer[9] believes that reading and writing conferences

with struggling literacy learners provide opportunities for working closely with these individuals. Since conferences are a natural part of the homework clinic, the clinic teacher reads and writes along with each child while whispering cues and guiding interactive responses.

For example, during oral reading, the child is likely to make approximations through miscues when encountering challenging text; when this occurs, he or she may focus on decoding instead of meaning-making.[10] The clinic teacher can respond to this potential frustration by guiding the reader to use interactive approaches that highlight the semantic, syntactic, and graphophonic cueing systems. Specifically, the teacher can use a running record to determine the child's strategies for understanding meaning, textual structure, and visual information. Complementing this instructional direction is the teacher's judicious use of questions concerning the cueing systems. Based on the strategies that the reader decides to use or not use when engaged with text, the teacher might whisper: Does that word make sense? Can we say it that way? What would you expect to see?[11] These considerations provide a support system for the child who is attempting to read more challenging text independently.

The clinic teacher should also shadow struggling literacy learners during writing. Students are sometimes unable to generate print because they have dysgraphia or severe difficulties in reading and writing. These individuals benefit from exposure to interactive strategies, such as a variation of the language experience approach. Briefly described, the child dictates discourse based on his or her prior knowledge, and the teacher transcribes the discourse on paper. At times, the child needs prompts

to continue dictating/writing. Depending on the type of writing assignment—expository, narrative, descriptive, or poetic—the teacher supplies such words as *who, what, when, where, how, why, first, next, then,* and *finally*. These prompts support the writing momentum as they help the child focus on making/generating meaning. Fortunately, the language experience approach reinforces important connections in reading and writing and is a useful aid for individuals completing assignments in the homework clinic.

Although reading and writing along with struggling learners have both immediate and lasting benefits, running alongside these learners is often confusing because quick decisions about guiding them need to be made in a natural, supportive context. Bomer[12] therefore suggests a cheat-sheet of guidelines that may be helpful for a while. These guidelines are intended for read-along conferences, but they also can be adapted for writing. The guidelines include:

> "Speak softly, gently. Think of yourself as a voice inside the reader's [writer's] head—because you will be."
>
> "Aim through the reading [writing] for meaning. Act as if the child is telling you something that's supposed to make sense, rather than acting as if the student is performing 'reading' ['writing']. Say, 'What'd you say???' or 'He did what???' as you would to yourself if you read [wrote] something that didn't make sense to you."
>
> "If the reader [writer] stops, wait. After singing something silently to yourself, ask what she is thinking."

"One thing to ask is, 'What would make sense?' or 'What *could* that be?' This asks the reader [writer] to make a guess based on sense-making."

"Try, as often as possible, to figure out a way to keep the reader [writer] thinking through text...after you leave the conference. What could he do with a friend that would extend this learning?"

These as well as other guidelines support a more focused interaction among the child, the text, and the clinic teacher. They also provide the struggling learner with literacy insights that he or she can apply to both immediate and future text.

- **Supply the homework clinic with a wide variety of resources.** Another major support system for struggling learners is a clinic library resource center. These students need access to materials that help them with their homework assignments as well as nurture their lifetime literacy. The resource center should include a diversity of authentic literature, such as paperbacks, "big" books, picture books, anthologies, fiction and nonfiction works, poetry, comedies and dramas, large-print books, "how-to" manuals, audiobooks, bibliotherapeutic stories, illustrated books, dictionaries, computer software, videotapes, newspapers, magazines, pamphlets, and artifacts.[13]

Although these materials are beneficial for students' literacy learning, technological resources also can have a special impact on learners with special needs. These individuals may learn more effectively with such adaptive hardware as electronic communication aids with voice synthesizers and computers that scan and

read aloud printed materials. Complementing these and other hardware adaptations are certain software products that can meet a range of special needs. For example, the *Language Experience Recorder* (Teacher Support Software) and *Write: OutLoud* (Don Johnston) are talking word processors, with the latter product providing the advantage of reading back students' writing by a nonjudgmental source. Also worth mentioning is *Storybook Weaver* (MECC), which is a multimedia resource that not only stimulates creative writing but also is useful across the curriculum. In addition, the *Student Writing Center* (The Learning Company) provides students with opportunities to produce documents (e.g., newspapers and reports), to incorporate graphics, and to make choices.[14]

A well-stocked resource center helps students to complete their homework assignments effectively. Struggling readers and writers, in particular, profit from this literacy-rich environment because they have immediate access to resources that may not be available in their homes. As important, students who attend the clinic benefit in "big-picture" ways as they are more likely to respond successfully to their literacy learning and, thus, to use it for the rest of their lives.

- **Enhance clinic activities through effective staff development.** Whether the homework clinic is staffed by full-time, part-time, novice, veteran, or retired teachers, these professionals benefit from effective staff development. Specifically, they need exposure to activities that connect the classroom and clinic settings so that efforts to help struggling learners are well-coordinated. Since coordination is the mutual

responsibility of teachers, department coordinators, and the building principal, these individuals should attend the staff development sessions with the intent of developing insights and strategies for helping children to complete their homework successfully. The focus of staff development is to create stimulating homework assignments that (1) extend classroom learning, (2) engage children in powerful read-alouds, (3) guide students to read and write interactively, (4) provide opportunities for shadowing learners during the act of reading and writing, (5) match individuals with appropriate resources, (6) invite children to make choices that are personally interesting and satisfying, (7) encourage students to be reflective, and (8) motivate learners to evaluate their own progress.

These and other related areas can be covered successfully through a variety of staff development options, including full-day sessions, after-school workshops, and informal study groups. Another option for strengthening homework assignments is a variation of peer coaching, which involves mutual observation of the classroom and clinic teachers. Peer coaching is especially effective when the entire faculty "buys into" the process, when collaborative activity is highlighted, when the "coach" is the teacher being observed and the "coached" is the teacher doing the observation, and when teachers learn from one another as they become involved in cooperative activities that positively influence students' learning.[15] When classroom and clinic teachers engage in peer coaching, they are more apt to develop insights about how children respond to homework. These insights substantially increase the chances of generating worthwhile homework assignments

that benefit students' growth and development. In retrospect, staff development options offer teachers comfortable outlets for learning to improve students' learning through stimulating homework activities.

- **Evaluate students' progress and the effectiveness of homework assignments.** The process and content of homework assignments can be a powerful or mediocre source of support for students' learning. One way of determining the value of the assignments is to maintain continuous communication between the classroom and clinic teachers. When these professionals talk to each other at least once a week, they have opportunities to elaborate on what the children **can do** and to determine if the homework is responsive to the children's learning needs. This type of congruent communication goes a long way in helping struggling students to understand the instructional connections between the classroom and clinic settings.

  As the teachers communicate often, they should highlight students' pertinent accomplishments. To illustrate, a discussion might concern a rubric that was used to evaluate a child's progress in writing. This year, I observed such a discussion, which focused on a variety of criteria for rating a student's expository writing. Cooperatively, the classroom and clinic teachers connected the rubric to the child's development of topic, plan of organization, elaboration of ideas, demonstration of sentence variety, use of language, and use of mechanics. Clearly, this discussion helped the teachers to realize that the student developed her topic imaginatively, organized her ideas logically, and developed her ideas fully through examples and

explanations; however, she demonstrated minimal sentence variety, used incorrect language occasionally, and made errors in mechanics that, at times, hindered the clarity of the writing. At the end of this discussion, both classroom and clinic teachers developed better insights about the type of class work and homework that values the child's writing strengths and also responds to her writing needs. Fortunately, rubrics are useful for evaluating children's progress in writing, reading, listening, talking, visualizing, and other important areas of communication. As important, they give students opportunities to evaluate their own learning.

This issue of evaluating one's own progress is vital for helping struggling students to become independent and successful with their literacy learning. Regrettably, individuals who have experienced continuous failure do not have a clear sense of their strengths and needs. These individuals profit from sensitive classroom and clinic teachers who immerse them in discussions concerning the relationships among their effort, strategy use, and successful text interpretation. Barbara Walker[16] suggests that these discussions be supported in a variety of ways, such as (1) inviting children to decide what artifacts are placed in their portfolios so they can evaluate their success in different instructional areas and also can determine their progress over time; (2) encouraging students to use checklists to evaluate success in specific literacy activities (e.g., writing a summary of a story and deciding whether or not they considered elements of story grammar); and (3) guiding learners to talk about their strategy use and related effort. Walker elaborates on this third suggestion by referring

to a teacher who motivates students to connect their discussions of successful reading strategies and effort to key aspects of predictive reading. After reading stories, the children rate their predictions in relation to a chart.

> Assessments like this help struggling readers attribute their performance to intrinsic factors such as their own knowledge and skill at using strategies rather than to luck or easy materials....As students identify and assess the problem-solving strategies they use, they can attribute their success to these strategies rather than to abilities they believe they don't possess.[17]

Walker's considerations are easily adapted to classroom and clinic settings, thus providing struggling learners with opportunities to develop confidence in evaluating their own progress. With positive experiences in the self-assessment process, these learners will probably continue to use it throughout their lives.

Although children need practice in evaluating their own learning, they also need to be observed by teachers during authentic instruction in the classroom and clinic. Sometimes referred to as kidwatching, this informal approach to evaluation helps teachers discover their students' literacy development while watching them. During the process, children's miscues, or errors, and the context in which they occur are viewed as valuable sources of information. As kidwatchers observe their students' responses to learning and refine instruction accordingly, they connect these observations to their own beliefs about language learning, and they refine instruction accordingly.[18] This perspective requires a solid understanding of the developmental

nature and processes of reading and writing and how children respond to reading and writing in a variety of contexts.[19] Classroom and clinic teachers therefore need support as they attempt to become effective kidwatchers. Vacca, Vacca, & Gove[20] provide such support by suggesting that observations be linked to anecdotal records, checklists, and interviews. With practice, teachers will realize that kidwatching is such a natural part of instruction that it enables them "to catch students in the act, so to speak, of literate behaviors."[21]

Interestingly, kidwatching often results in documented artifacts that can be included in students' portfolios. According to Graves and Sunstein,[22] a portfolio is an effective tool for estimating the depth, range, and growth of learning. It also encourages students to become aware of their feelings concerning their accomplishments. Portfolios are probably most productive when they are linked to a global view of students' growth and development and to important instructional goals. Such goals are broad and might concern understanding an author's message, summarizing a story's plot, connecting decoding skills to meaning making, using expository text to learn new information, demonstrating a desire to read, and learning to read fluently. Supporting this perspective are artifacts for the portfolios, for example, rubrics, checklists, samples of students' writing, classroom tests, children's self-evaluations, teachers' anecdotes of readers' performance, and other learning outcomes.[23] When teachers and children periodically review the contents of

the portfolios, they are able to gauge the success of both teaching and learning. The portfolios also provide pertinent information for determining the utility of the homework clinic.

For better or for worse, a discussion of evaluation must include report cards, which are used in the vast majority of schools nationwide. Since letter and number grading systems are the dominant indicators of progress, they should be complemented by anecdotal comments and rubrics. A Long Island elementary school where I have served as a consultant uses such a reporting system. A typical report card consists of letter grades, specific comments concerning the student's effort, and a rubric. The rubric focuses on listening, speaking, reading, writing, and problem-solving, and it connects these processes to specific learning behaviors. This combination of letter grades, teacher comments, and a rubric provides parents with both traditional expectations and specific representations of progress. Before the new reporting system was released to parents, a committee of educators and parents made related presentations and sought pertinent feedback during PTSA gatherings, Back-to-School Night, parent-teacher conferences, and report card orientations. After three years of using the new report card, parents have a thorough understanding of the rubric and its connection to their children's learning. Educators and parents at the Long Island school are now considering the elimination of letter grades and the development of a revised report card that highlights teacher comments and a rubric. These comprehensive efforts benefit educators, students, and parents because the key players develop important insights about current growth and development in learning

and they communicate more succinctly about subsequent instructional priorities. In schools with homework clinics, educators can easily connect the anecdotal records and rubrics of struggling students with innovative report cards that reflect these evaluative considerations. Such efforts provide not only a record of the students' accomplishments but also documentation of the clinics' effectiveness.

- **Secure funding for the clinic.** Effective clinics need funding for certified staff, professional development, resources, transportation, and other related items. Not surprisingly, the central office administration and board of education are key players in designating a budget line for the homework clinic. If the school budget cannot pay for all clinic expenses, other sources of funding should be pursued.

To illustrate, administrators and teachers can work cooperatively with the PTSA to sponsor a resource drive. Through newsletters, coffee klatsches, and other means of communication, the PTSA can encourage the community to donate functional hardware, software, and print and nonprint materials. The PTSA can also sponsor book sales and other events and can use profits to buy needed resources. Another potential source is local industry, which is well-known for making donations of money and usable products and for using these donations as tax exemptions. Complementing these efforts are state and federal grants, whose financial support is useful for securing important materials and equipment. These and other sources of support significantly enhance financial efforts to promote effective homework clinics.

Advocating for Homework Clinics

Today's demographic trends have caused disruptions in children's lives, and the homework clinic represents only one positive response to this problem. A well-planned clinic provides students with a safe environment as it helps them extend school-related learning. Although most children benefit from the clinic setting, struggling learners especially profit from the clinic's offerings and services. These at-risk children are more apt to "slip through the cracks" in bureaucratic schools and stressed out homes; not surprisingly, their chances of being successful in the after-school clinic are increased because this environment supports individualized and small-group activities. Having positive experiences in the clinic, however, depends on important elements, such as stimulating homework assignments, powerful read-alouds, clinic teachers who read and write alongside children, a clinic library with a wide variety of resources, pertinent staff development, evaluative strategies that focus on students' progress and the effectiveness of their homework assignments, and sources of funding for the clinic. When these and other key elements are orchestrated by genuinely caring educators, the homework clinic becomes an empowering source of support for helping struggling learners to catch up with peers and to be successful learners for the rest of their lives.

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